

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-675)

SERIAL NO.
097701584

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER		AFTER		*	*	*
	IND.	DER.	IND.	DER.			
					51		
					52		
					53		
					54		
					55		
					56		
					57		
					58		
					59		
					60		
					61		
					62		
					63		
					64		
					65		
					66		
					67		
					68		
					69		
					70		
					71		
					72		
					73		
					74		
					75		
					76		
					77		
					78		
					79		
					80		
					81		
					82		
					83		
					84		
					85		
					86		
					87		
					88		
					89		
					90		
					91		
					92		
					93		
					94		
					95		
					96		
					97		
					98		
					99		
					100		
					TOTAL IND.		
					TOTAL DER.		
					TOTAL CLAIMS		

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

BEST AVAILABLE COPY